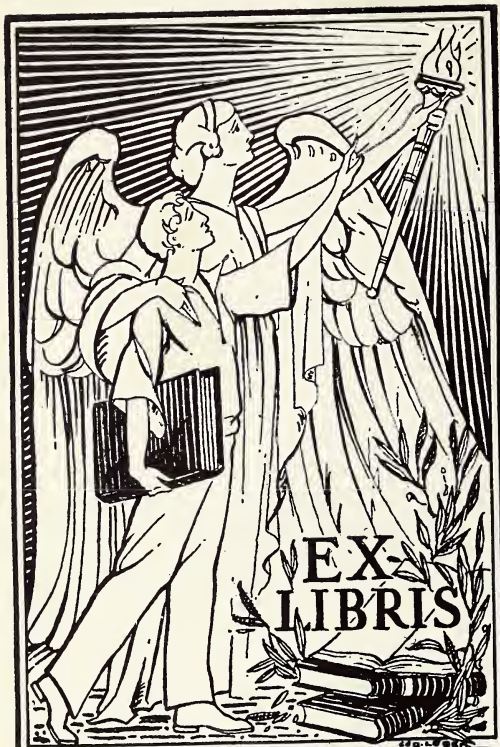


A CAMPAIGN FOR

GOOD EYESIGHT

By: Henry Copley Greene

HV2330  
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AMERICAN FOUNDATION  
FOR THE BLIND INC.

# A CAMPAIGN FOR GOOD EYESIGHT

By

HENRY COPLEY GREENE

Field Agent for Prevention of Blindness and Conservation of Eyesight

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Massachusetts Commission for the Blind

Massachusetts Association for Promoting the Interests of the Blind

308 FORD BUILDING

Telephone, Haymarket 831

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Reprint No. 9

Boston, 1911

(Reprinted from NEW BOSTON, February, 1911)



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*By Courtesy of the  
American Steel and Wire Company*

#### WIRE DRAWING SAFETY DEVICE

This means a stop to a succession of blinding accidents. Note the levers to stop the revolving drum, by hand at a safe distance, or automatically, if a kink occurs in the wire

## CAMPAIGN FOR GOOD EYESIGHT

HENRY COPLEY GREENE

Field Agent for Conservation of Eyesight of the Massachusetts Commission for the Blind

**N**EW BOSTON for September said: "A good slogan for Massachusetts would be: 'No babies needlessly blind for life in 1915.'" Since September, faith in the possibility of preserving eyesight has so far increased, both here and elsewhere, that a strong slogan for the country now would be "In the United States of tomorrow, no needless defects of eyesight!"

Not only faith but confident and active work grew and spread so far in the autumn that in December it seemed wise to call a conference of persons active for the conservation of eyesight in various states. Brought together by Dr. F. Park Lewis of Buffalo, President Van Cleve of the Ohio Commission for the Blind and James P. Munroe, chairman of our Massachusetts Commission, nearly a hundred persons, representing a wide range of professions, met at the rooms of the Sage Foundation in New York and spent the day in a most illuminating discussion of the larger causes

of preventable blindness, and of steps toward their removal. Among those present were not only ophthalmologists and workers with the blind, but physicians who recognize the relation of work for the prevention of gonorrhoea, syphilis and tuberculosis to the preservation of good eyesight; educators, who realize the direct relation of school conditions to eyestrain; experts in illuminating engineering, who see danger in the increased use of very brilliant artificial lights; and social workers, who are investigating the effects on eyesight of unhygienic environments. This meeting resulted in the appointment of a representative committee empowered to form a national association, to call a national conference in the near future and to organize an international congress two or three years hence, for the purpose of emphasizing both the social and the economic importance of the conservation of eyesight.

Meantime in Massachusetts, the spirit

of co-operation has been no less active; and work that was done once incompletely and in mental isolation, is now being carried further in clear consciousness of team effort and of the whole team's goal. Take for instance the Lyman School for Boys, at Westboro. What might be called the outpatient department, which steers the boys from graduation to maturity, is arranging

this school has long had an ophthalmologist at work examining each girl when she arrives; and what we may again call the outpatient department has long watched over the girls' eyesight and has taken them to the Massachusetts Eye and Ear Infirmary at Boston at any sign of need. But in recent months the spirit of team play has brought these officers still more closely together; and now, not only are the results of the oculist's examination and his plans for each girl handed on to the outpatient department, but the oculist, the school physician and the superintendent of the outpatient department periodically meet to plan for each girl's varied physical needs.

The question of hygiene, the question of good air, good food and housing and of sleep is far more closely connected with eyesight than the general public yet know. To the Lyman School, for example, come boys and girls with eyes more or less scarred by the commonest serious eye disease, a disease dependent on just these factors of hygiene. To day-nurseries again, little children are brought from time to time, with "phlyctenular keratitis," as this disease is called, showing itself in little elevations on the edge of the cornea, or colored portion, of the eye. These children, with eyes watery and sensitive, hold their heads down to avoid the light. Not infrequently they seem in good health. But they so often show signs of tuberculosis elsewhere in the body that their disease of the eye is thought to be tubercular. However this may be, it yields to local measures,

combined with just such treatment as tuberculous children require; while without proper treatment, it results in ulcers of the eye which leave scars and, in recurring, leave more scars, till the resulting "ground glass surface" may seriously obscure the vision.

All this is small news to oculists. To social workers, combating the causes of phlyctenular disease, such knowledge is novel. They have seized on it, how-

## الى القوابل والاطباء

إعلان من قبل بلدية ولاية ماسشوستس

لجنة العناية بأمراض العيون في بوسطن ماس

كل قابلة تعرف مرض عيون الأطفال \* ولكن هل تعرف ان هذا المرض يمدى بطبيعته؟ هل تعرف انه يجب ان تُسعر ادارة الصحة بالمصاب والاعراض متة ربال؟ وهل تعرف انه من الممكن ان يعمى الطفل من جراء الإهمال؟ هذا المرض يمكن تجنبه. لكن شفاء المصاب به امر عسير وغير مضمون. اما الوقاية فهي بسيطة وسهلة

## طريقة الاستعمال

اسأل اي طبيب شئت فعبطيك زوجة من دواء الوقاية من مرض العيون لان ادارة الصحة تُقدمه الى جميع الاطباء مجاناً. وان اردت فاسأل عن محل «مضاد السم» تجد فيه هذا الدواء الوقائي ويدعى «منقطة ستايرنس» وهو يحتوي على نترات الفضة. احمله دائماً في (جسدانك) وحالما يولد الطفل أفرغ نقطتين منه في كل عين من عيني المولود واحذر من لس كرهة العين بالنقطة او باحدى اصابعك

لا تغفل عن وضع الدواء الوقائي في عيني الطفل على الطريقة التي تقدم لك وصفها فان ذلك لا يضره بل يقيه مرضاً ربما يذهب بصره بقية حياته



### WARNING TO SYRIAN MIDWIVES ISSUED BY MASSACHUSETTS COMMISSION FOR THE BLIND

"Every midwife knows 'babies' sore eyes.' Do you know that this disease is usually very contagious? Do you know that it must be reported at once to the Board of Health, on pain of \$100 fine? Do you know that it may make the baby blind? This disease can be prevented. Cure is hard and uncertain. Prevention is simple and easy."

to follow up the school physician's eye work, watching for possible relapses when the eyes have been diseased, or keeping in view the coming needs of boys whose eyes can only for a time serve without glasses, or again keeping one-eyed boys, where possible, away from abnormally dangerous trades.

As another instance take the Industrial School for Girls, across the hills at Lancaster. Controlled by the same trustees,

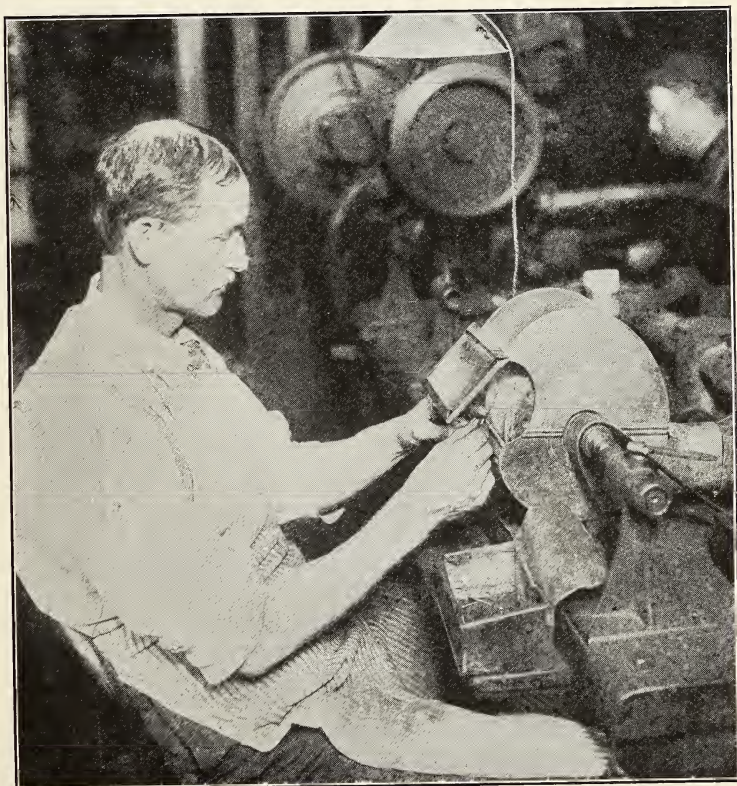


## THE CAMPAIGN FOR GOOD EYESIGHT

ever, and that organization for better hygiene most vitally interested, the Boston Society for the Relief and Control of Tuberculosis, has not only endorsed a bulletin on this subject, prepared with the help of Dr. George S. Derby, and issued by the Massachusetts Commission for the Blind, but has put it before all Boston societies taking care of children. Nor is this all. School superintendents and city boards of health have asked for copies almost faster than they can be supplied; twelve hundred have been imported by the Sage Foundation's national secretary for the conservation of eyesight and the State Committee in New York; and the Ohio Commission for the Blind, with characteristic vigor, has published an edition with its own special imprint. And nearer home again, the Nursery for Blind Babies has taken this generous measure,—it has opened the doors of

its home, on that airy hillside in Jamaica Plain, not only to babies hopelessly blind, but, when space allows, to little children in temporary need of its hygienic surroundings and of the expert treatment made available by the Social Service Department at the Massachusetts Eye and Ear Infirmary.

For different, though quite as important ends, the spirit of team play has penetrated our hospitals. They have begun to get together in devising leaflets to warn their patients against the dangers to eyesight lurking in gonorrhoea. And through their chiefs of staff, the four largest eye departments in Boston have met to consider such improved and essentially uniform records as may be of use for the study of eye disablement, whether through disease or more especially through industrial accidents. As a result, the City Hospital is considering ways and means, the



*From the Monthly Bulletin for August, 1910, by courtesy of the State Board of Health*

**WHERE A SAFETY DEVICE CAN WISELY BE PUT IN USE**  
Every wheel with glass plate to protect the eyes

## NEW BOSTON

Carney Hospital is instituting improved methods, the Eye and Ear Infirmary is including fresh requirements in a card-system already planned for the Out Patient Department, and the Boston Dispensary is finding, through wise experiment, just how the most significant data can be gathered.

To carry such investigation to the source of trouble, the Commission for the Blind, in harmony with the State Board of Health, has planned an important extension of work by the District Health Inspectors; and to put this plan in practice, it has introduced into the Legislature a bill (House No. 357), carrying a small appropriation, and empowering the District Health Inspectors, in the course of their studies of factory lighting, to investigate injuries and diseases of the eye connected with such processes as emery grinding; and where a preventive device can be wisely put in use, to require its installation. At the same time the commission has recommended to the Legislature that the registration of accidents and the factory inspection of the State Police, be provided for more fully.

As things now stand, it may be noted in passing that the State Police are unable to learn the results of the eye accidents which they record. Even where the law empowers them to enforce the use of protective devices, they know too little about their severity or their relative triviality to serve as a basis for action. As an instance, it is enough to cite a series of apparently preventable accidents in the process of wire drawing at one of the plants of the American Steel and Wire Company. This series of accidents continued for years; and a preventive device was at last installed only because the steel trust had itself created a force of safety inspectors. Under a chief safety inspector, these expert protectors of life and limb had brought the workmen into line in their task of inspecting machinery, studying accidents, and devising safety devices. This system it was which provided the means, last summer, to stop a long succession of blinding accidents.

Now to return to our starting point, what can we say of that slogan for Massachusetts,—“No babies needlessly

blind for life in 1915”? In a sense, no babies are or have been needlessly blind from *ophthalmia neonatorum*; for every baby made blind through this preventable disease has been made blind, in the last analysis, by unabridged ignorance and carelessness unredeemed. The question then is, Can the state rouse itself to abolish this ignorance and to redeem this lack of care?

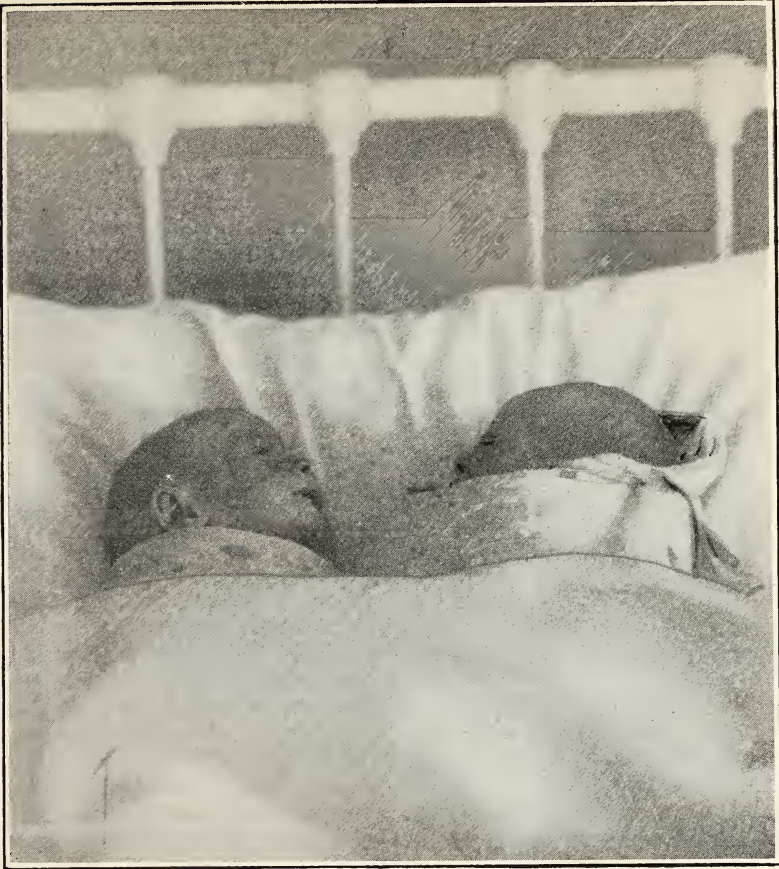
During the summer, a physician who, by the way, is both a graduate of the Harvard Medical School and a member of the Massachusetts Medical Society, delivered a child at a suburban hospital. Symptoms of *ophthalmia neonatorum* soon appeared. The physician failed to obey the law (Chap. 251 of the Acts of 1905), which requires the reporting of these symptoms at once, so that the local board of health may take measures to prevent blindness. On the contrary, he dismissed the mother and baby from the hospital while the disease was still in progress, and with only a warning to call in a doctor if the baby's eyes did not improve. When next he saw the mother, she was wheeling in a baby-carriage a baby blind for life.

Another Harvard graduate, and the medical member of one of those local boards of health whose duty it is to take measures in order that blindness may not ensue, delivered a child at a farmhouse last summer. The symptoms of *ophthalmia neonatorum* appeared. After a dangerous delay, this physician was called by telephone. Only on the next day did he respond; and then, without a nurse, he tried his hand at treating the child's imperilled eyes, not one day or two days, but till the transparent cornea of each eye was opaque. The child is blind.

Such spectacles as these have roused both the State Board and certain local boards of health. Interested with the Commission for the Blind in the campaign against *ophthalmia neonatorum*, the State Board of Health now notifies a district health inspector by telephone or by telegraph as soon as a case is brought to his attention. The district inspector rigidly investigates both the origin and treatment, and the facts of legal interest, and reports back to the secretary. If neglect or illegality appears



## THE CAMPAIGN FOR GOOD EYESIGHT



### OPHTHALMIA NEONATORUM

Of the physicians responsible for the needless blindness of babies in the last few months, several had the best of training

to have been shown, the secretary then notifies the physician and the local board of health involved, calling the attention of each to the medical aspect of the case, and the fine to which the physician may be liable. These letters, following on the investigations just outlined, cannot but inform and rouse many a careless or ignorant physician and many a local board.

But what of the local boards at present? Worcester has promised to inspect every reported case; Springfield provides free treatment, and more than one other town and city has taken its remedial duty concretely to heart. But the Boston board stands in the front of action. After four notices of the law had been sent to every physician in the city, the board, this autumn, began

legal action against physicians failing to report. With a wisdom, at the time unappreciated by many of us, the chairman chose as the first case under the law of 1905, a case which was not of gonorrhoeal origin, and in which blindness had not resulted. The physician in question raised both these points in defence, and he appealed to the Suffolk Superior Court. His conviction is there on record.

Not content with this example, the Boston Board of Health has brought into court the three other physicians against whom sufficient evidence has since come to light. Out of a total of four cases, three have resulted in convictions.

Two points remain: one for the courts to show the full importance of this law; the other for our medical schools to teach

## NEW BOSTON

not only medicine but a keen sense of civic duty.

Through the clemency of the courts, only one condemned delinquent, among



### PHLYCTENULAR KERATITIS

"Children with eyes watery and sensitive, holding their heads down to avoid the light"

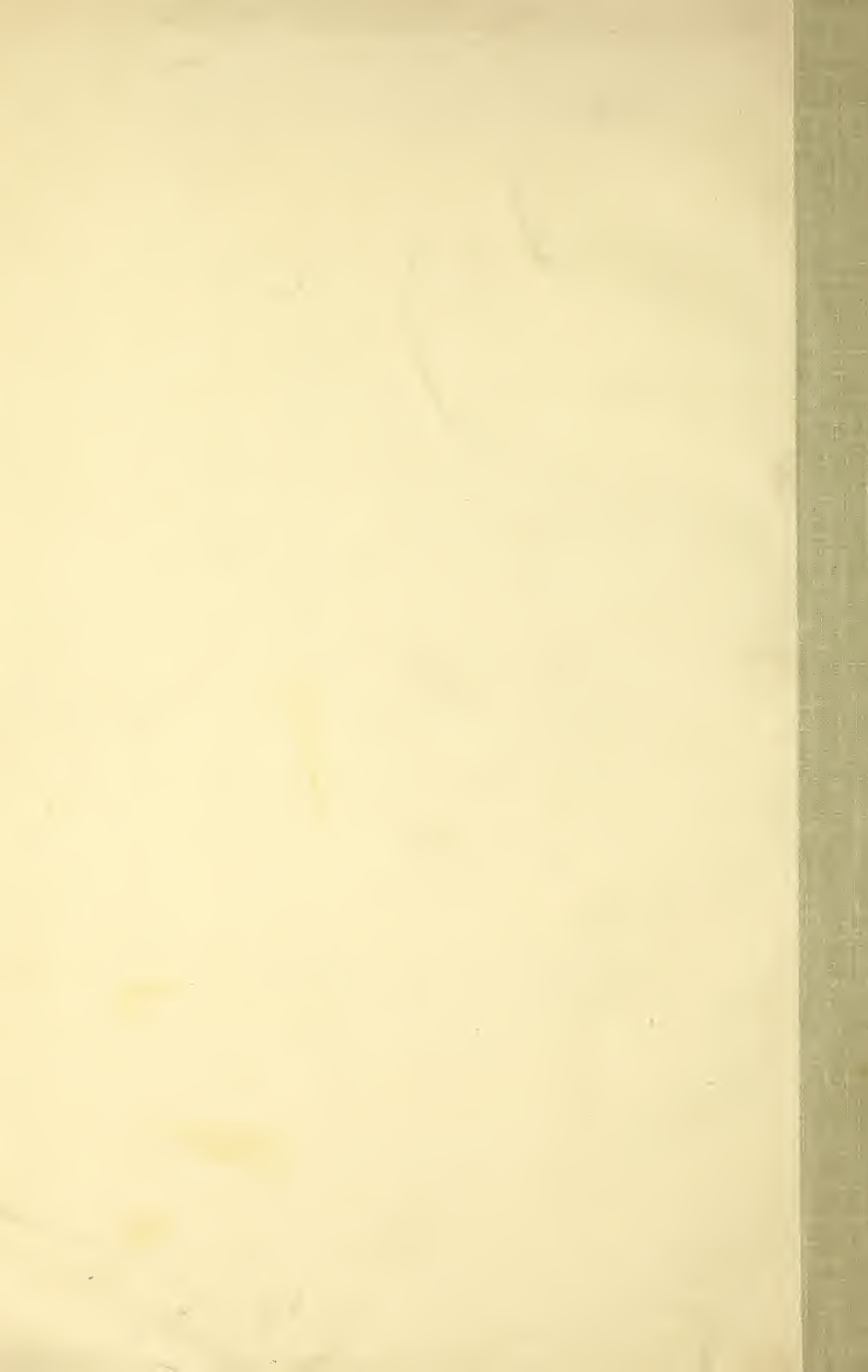
three, has paid a fine. This fact seems to suggest that the bench is not fully aware of the issues at stake. However

this may be, the Society for the Prevention of Cruelty to Children, in a fine spirit of team play is sending to all our judges Bulletin No. 3, of the Commission for the Blind, which lays stress on the validity and the importance of the law of 1905. Both legal and lay opinion, let us hope, will soon support the bench in drastic action.

Of the three physicians thus far condemned under this law, only one has lacked training in a reputable medical school. Of the physicians responsible for needless blindness in babies, in the last few months, more than one has been a member of the Massachusetts Medical Society, and several have had the best of training. Does not this suggest that our medical schools have still to learn the full spirit of civic team-play? At the Harvard Medical School, Dr. Williams is giving a most valuable popular lecture, on *ophthalmia neonatorum*, on Sunday the fifth of this month. But has Harvard, and have our other schools, begun regularly to produce graduates that shall not be law breakers? This question suggests another, and with this question we may close, How soon will the slogan of our medical schools be, "In 1915, all our graduates, public servants; and of their patients, none needlessly blind."







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Henry Copley Greene

A CAMPAIGN FOR GOOD EYESIGHT.  
(reprint Feb. 1911)

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